TCO1-102US2

## DECLARATION/ POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

FOR UTILIT	. That Halled	Rob	ert Joseph Panek,	Jr.				
PATENT APPLICATION			COMPLETE IF KNOWN					
		Application Nu	ımber: To E	Be Assigned	•			
	tted after Initial Declaration	on	Here	ewith				
Filing (37 CFI	surcharge (37 CFR R 1.16 (e))	1.67) Art Unit:	То Е	Be Assigned				
(37 CFR 1.63) required		Examiner Nan	ne: To E	Be Assigned				
I hereby declare that:								
Each inventor's residence, mailing I believe the inventor(s) named believe the invention entitled:	address, and citizenship are low to be the original and first	as stated below next to t inventor(s) of the subjec	heir name. t matter which is claime	ed and for which	a patent is			
MEDICAL WASTE DISPOSAL	SYSTEM							
the specification of which	(T	itle of the Invention)						
is attached hereto								
OR								
was filed on (MM/DD/YYY	(Y) as United States A	Application or PCT Interna	ational Application Num	ber				
and was amended on (MM/DD/YYY dentified specification, including the		ereby state that I have re amendment specifically	viewed and understand referred to above.	the contents of	the above			
acknowledge the duty to disclose in applications, material information what ling date of the continuation-in-part	t application.	en the filing date of the p	nor application and the	national or PCT	international			
hereby claim foreign priority benefi reeder's rights certificate(s), or 365 of America, listed below and have all ghts certificate(s), or any PCT inter	ulso identified below by check	application which design:	ated at least one countr	y other than the	United States			
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop	by Attached?			
-		1)1			N₀			
Additional foreign application numbers	s are listed on a supplemental pri	iority data sheet attached he	reto					

**Attorney Docket Number:** 

## Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

I hereby appoint:							
Practitioners at Cust	Al.	t 72177					
OR	.omer Nu	Imber <u>23122</u>					
Practitioner(s) named bel	ow:						
Name				Registration Number			
as my/our attorney(s) or agen Patent and Trademark Office o	it(s) to pro connected	secute the application therewith.	identified above,	, and to	transact a	all business in the United States	
Direct all correspondence to:	⊠ F	Prostitioners Customer	A1 (C-4 ) 1				_
Z Tractitoriers customer			Number listed above; <i>OR</i>				
		Correspondence Addres	s Below				
Name:							_
Address:							_
City:	Sta	State:		z	Zip:		
Country:	Te	Telephone:		Fax:			_
I hereby declare that all stateme belief are believed to be true; at like so made are punishable by jeopardize the validity of the ap	fine or imp	prisonment or both unc	vere made with tr der 18 H S C - 10				
Name of Sole or First Inventor:			☐ A Petition has been filed for this unsigned inventor.				
Given Name (first and middle (if any))							
			Family Name or Surname				
Robert Joseph			Panek, Jr.				
Inventor's Signature				_		Date:	-
Residence: City: Huntley		State: IL	Country: Unite	Country: United States		Citizenship: U.S.A.	
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City: Huntley		State: IL	Zip: 60142		Country: United States		1
Additional inventors are	listed on	the next page.					1
							1